

DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

☒ Original

☐ Supplemental

☐ Substitute

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

COMBINATION OF A MACROLIDE T-CELL IMMUNOMODULATOR AND A CALCIFEROL FOR THE TREATMENT OF SKIN DISEASES OR OF INFLAMMATORY BOWEL DISEASE

the specification of which:

☐ is attached hereto.

☐ was filed on _____ as Application No. _____
(day/month/year)

and, if this box (☐) contains an *

☐ was amended on _____
(day/month/year)

☒ was filed as Patent Cooperation Treaty international Application No.

PCT/EP 2004/003512 on 02.04.2004
(day/month/year)

and, if this box (☐) contains an *

☐ entered the national stage in the United States and was accorded Application No. _____

and, if this box (☐) contains an *

☐ was amended, subsequent to entry into the national stage, on _____
(day/month/year)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) specifically referred to above and, if this application was filed as a Patent Cooperation Treaty international application, by any amendments made during the international stage (including any made under Patent Cooperation Treaty Rule 91, Article 19 and Article 34).

I acknowledge my duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or Patent Cooperation Treaty international filing date of the continuation-in-part application.

I hereby claim the benefit under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate listed below and under 35 U.S.C. 365(a) of any Patent Cooperation Treaty international application(s) designating at least one country other than the United States listed below and have also listed below any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application the priority of which is claimed for that subject matter:

COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	PRIORITY CLAIMED	
Great Britain	0307865.6	04.04.2003	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NO.	FILING DATE (day/month/year)
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below and under 35 U.S.C. 365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below:

United States Application No.	United States Filing Date (day/month/year)	Status (Pending, Abandoned or U.S. Patent No.)	International Application No. and Filing Date (day/month/year)
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Inventor's signature _____ Date _____
(day/month/year)

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(day/month/year)

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(day/month/year)

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Full name of seventh
joint inventor, if any

Inventor's signature _____ Date _____
(day/month/year)

Residence

Citizenship

Post Office Address

Full name of eighth
joint inventor, if any

Inventor's signature _____ Date _____
(day/month/year)

Residence

Citizenship

Post Office Address